PATENT APPLICATION FEE DETERMINATION RECORD  Substitute for Form PTO-876					toe; U.B. DEPARTMENT OF COMMERCA SP II displays a valid OMB control plantice Application or Docket Number 10652482		
APPLICATION AS FILED (Column 1)		PART I (Column 2)	SMALL ENTITY		OR	OTHER THAN 8MALL ENTITY	
BASIC FEE	NUMBER FILED	NUMBER EXTRA	.RATE (1)	FEG(\$)	. •	RATE (\$)	FEE (4)
SEARCH FEE (37 OFR 1.18(N), (N), or (m))							
EXAMINATION FEE				-	1		ļ
TOTAL CLAIMS 37 CFR 1.16(0)	minus 20 =	•	* -		ÖR	. ; X	<del> </del>
NDEPENDENT CLAIMS ST CFR 1.18(N).	minus 3 =		Х =			x =	
	If the specification and d sheets of paper, the app is \$250 (\$125 for small e additional 50 sheets or fr 35 U.S.C. 41(a)(1)(9) an	lication size fee due nilly) for each action thereof. See d 37 CFR 1:16(s).				· · · · · ·	
	AIM PRESENT (37 CFR 1.16 is less than zero, enter "0" in		TOTAL		L	TÖTAL	
APPLICATION 128 OG 1001	DN AS AMENDED - P	ART (I min 2) (Column 3)	SMALL'EN	mry ~	or	OTHER T	
CLA REMA AFT AMEND	INING NUMBER PREVIOUS PAID	BER PRESENT	RATE (I)	ADDI- TIONAL FEE (\$)		SMALL EN	ADDI- TIONAL FEE(S)
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FIRST PRESENTATION OF N	ULTIPLE DEPENDENT CLAIM	97 CFR 1.16(II)		OR	1		-/
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FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM. (27 CFR 1.16(I))

Application Size Fee (37 CFR 1,16(s))

If the Highest Number Previously Paid For IN THIS SPACE is less than 20, enter '20'

"If the Highest Number Previously Paid For IN THIS SPACE is less than 20, enter '20'

The Highest Number Previously Paid For IN THIS SPACE is less than 3, enter '3'.

The Highest Number Previously Paid For IN THIS SPACE is less than 3, enter '3'.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. Hits collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual dise Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Department of Continence, P.O. Box 1450, Alexandria, VA 22313-1450. DOLIOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patonis, P.O. Box 1450, Alexandria; VA 22313-1450.

TOTAL ADD'T FEE

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TOTAL '

ADD'L FEE

If you need assistance in completing the form, call 1-800-PTO-9199 and select option ?